

1. DATE - TIME GROUP 1 April 65 01/0745Z	2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION Astronomical (MARS) ✓ 7/16
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 1 Hour	11. BRIEF SUMMARY AND ANALYSIS Amber light. Had hum like an electric motor. Thought to be 1-2 miles away. Looked like half an orange upside down.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Stationary	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COMMENTS: Observed same object on previous night and azimuth-elevation data indicated object in SW at high elevation. Mars was at 10h 55.04 on Ecliptic. This places the Planet at 25 deg elevation 255 deg azimuth. Arcturus is at 65 deg elevation 220 deg azimuth. Witness reported angles and directions likely in error and Mars is regarded as the most likely cause of the report.
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. DATE - TIME GROUP 19 April 65 10/0200Z	2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION AIRCRAFT
4. NUMBER OF OBJECTS Two	Two F84's landed at 2044, at Wright-Patterson AFB, at time of sighting. No data presented to conflict with A/C analysis.
5. LENGTH OF OBSERVATION 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS Two white lights gaining altitude. Flight of round objects in formation from South to NW. No sound. Speed estimated at from 500-2,000 mph. Climbed at 45 degrees altitude and then levelled off.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE NW	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

19 April 1965
Day Month Year

2. Time of day: 2100
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[REDACTED] Kettering Ohio
Nearest Postal Address City or Town State or Country

5. How long was object in sight? (Total Duration) 5
Hours Minutes Seconds

a. Certain c. Not very sure
b. Fairly certain d. Just a guess

5.1 How was time in sight determined? estimated

5.2 Was object in sight continuously? Yes X No

6. What was the condition of the sky?

DAY NIGHT
a. Bright a. Bright
b. Cloudy b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you d. To your left
b. In back of you e. Overhead
c. To your right f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- ☒ c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|--------------------------|----------------------------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| c. Break up into parts or explode? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| d. Give off smoke? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| e. Change brightness? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| f. Change shape? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| g. Flash or flicker? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| h. Disappear and reappear? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |

Supernova

14. Did the object disappear while you were watching it? If so, how?

Turned dimmer, climbed at a 45 degree angle, levelled off, and dissappeared in the distance.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind: It moved behind some bright lights in the distance(about a mile away) as it disappeared.

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound No sound heard

b. Color White

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

Most of the object would have been covered at a certain point in its flight.

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) ☒ Yes No

IF you answered YES, then what speed would you estimate? Pure guess, 500 to 2000 mph.

21. Do you think you can estimate how far away from you the object was?

(Circle One) ☒ Yes No

IF you answered YES, then how far away would you say it was? Guess at 2 miles.

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

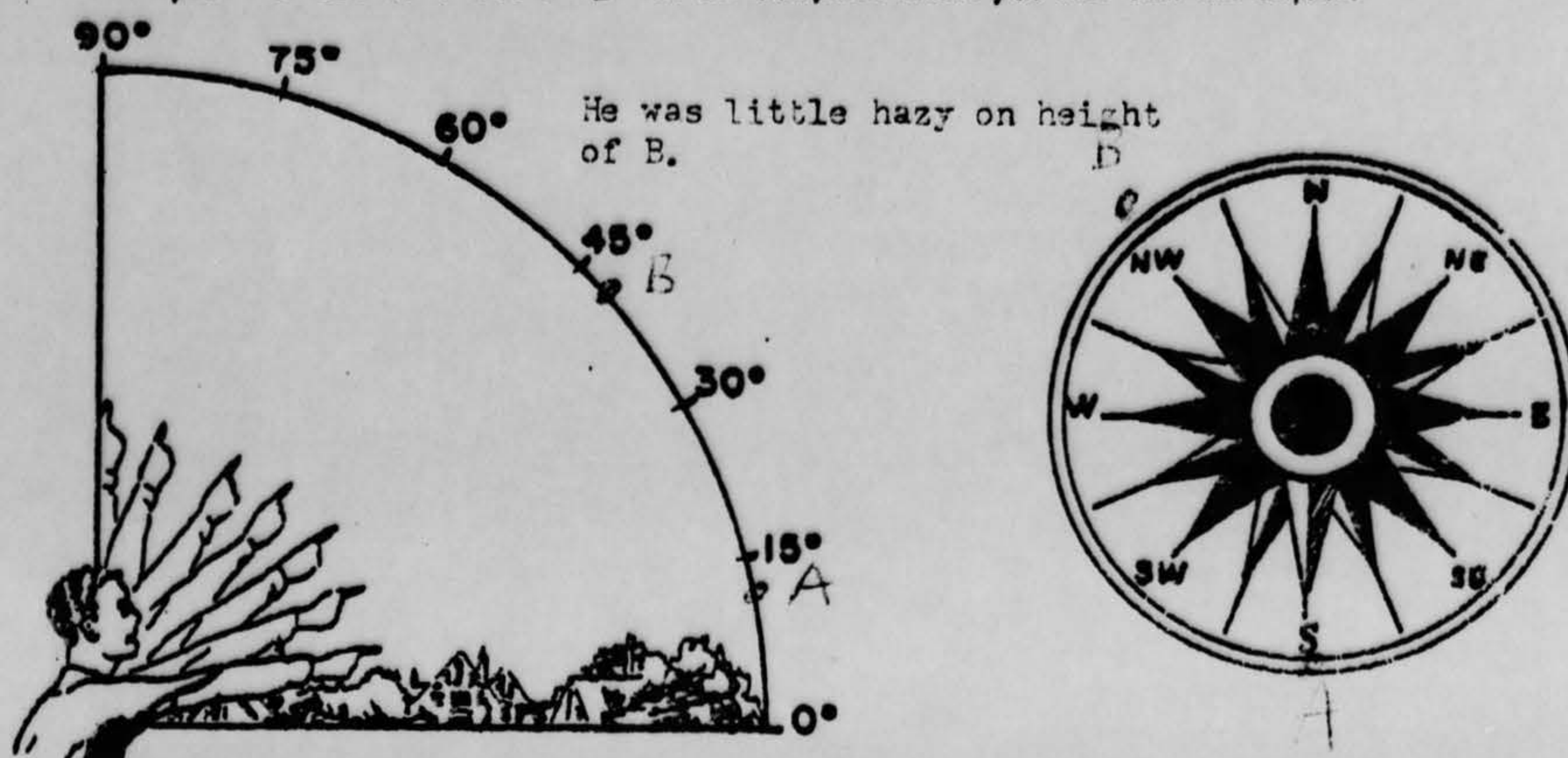
(Circle One) Yes No

25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|--------------------------------------|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | <input checked="" type="radio"/> Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.
No common object, it just appeared as a round to oval shaped bright light.
There were two of them.

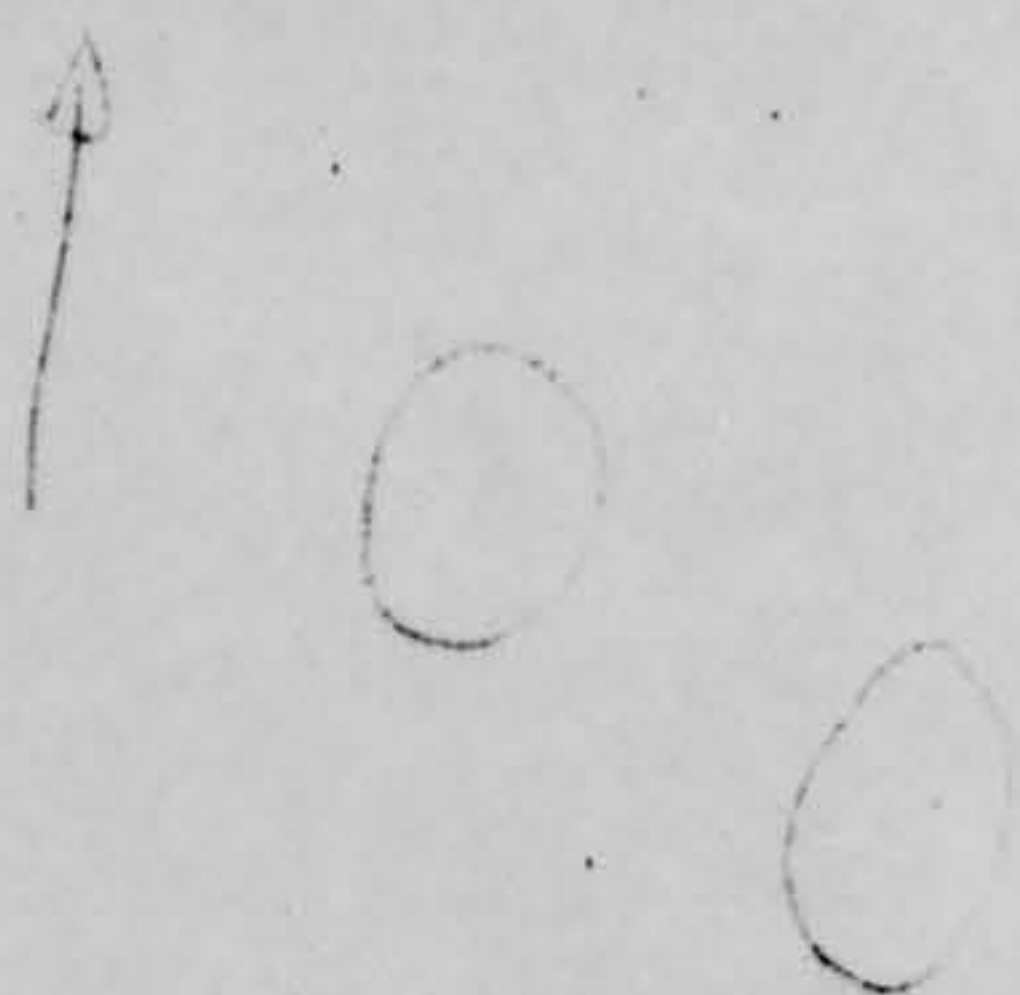
27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? 2
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

Middle of August in 1964 about a mile from same place.

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 IF you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses:

[REDACTED]
Kettering, Ohio

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] F.
Last Name First Name Middle Name
ADDRESS [REDACTED] [REDACTED] [REDACTED]
Street City Zone State
TELEPHONE NUMBER [REDACTED] AGE 15 SEX Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

He Studies Astronomy.

33. When and to whom did you report that you had seen the object?

Day Month Year

This is initial report and is to Capt. Jackson, FTD Duty Officer for 19 April 1965.

34. Date you completed this questionnaire:

10 April 1965
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

The objects became real bright (brighter than the brightest star) at times and dimmed in between. Positive that they were not jets or aircraft.

T-39 2154 T.OFF
 HY 650 LOG MID T.OFF 2121

T-39 8:59
 2y 84 84 224D

~~14-14-14~~
 8-32 P22 1781 

THIRKEIDD
OFFICIAL FILE COPY

1 APRIL 65
DAYTON, OHIO

FTD (TDEW)
Wright-Patterson AFB, Ohio 45433
1 April 1965

Dayton, Ohio

Dear Mrs [REDACTED],

Reference your telephone conversation with the Duty Officer of FTD on the morning of 1 Apr 65, regarding your observation of 1 Apr 65. The Duty Officer's report did not contain sufficient information for evaluation. Therefore, we would appreciate your filling out the attached FTD Form 164. We are also attaching a self-addressed envelope for convenience in replying. We wish to thank you for reporting your observation to the Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr
Major, USAF
Chief, Project Blue Book

2 Atchs
1. FTD Form 164
2. Envelope

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APRS 10.55.004

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

1 APR 1965
Day Month Year

2. Time of day:

00 30
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[REDACTED] Dayton Ohio
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

1 0 0
Hours Minutes Seconds

a. Certain c. Not very sure
b. Fairly certain d. Just a guess

5.1 How was time in sight determined? The time it took to drive from home

5.2 Was object in sight continuously? Yes _____ No X

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you d. To your left
b. In back of you e. Overhead
c. To your right f. Don't remember

N/A

14. Did the object disappear while you were watching it? If so, how?

No

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☐ No ☒ Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound

Like a hum of an electric motor

b. Color

Pinkish orange

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

More like the thumb would have covered it

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- ☒ b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- ☒ b. Dull moonlight
- c. No moonlight – pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

The number 1 star is brighter than

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other

Like a halo

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|--------------------------|----------------------------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| c. Break up into parts or explode? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| d. Give off smoke? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| e. Change brightness? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| f. Change shape? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| g. Flash or flicker? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| h. Disappear and reappear? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |

20. Do you think you can estimate the speed of the object?

(Circle One) Yes ☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes ☒ No

IF you answered YES, then how far away would you say it was? 1-2 miles

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building ☒
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city? ☒
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes ☒ No

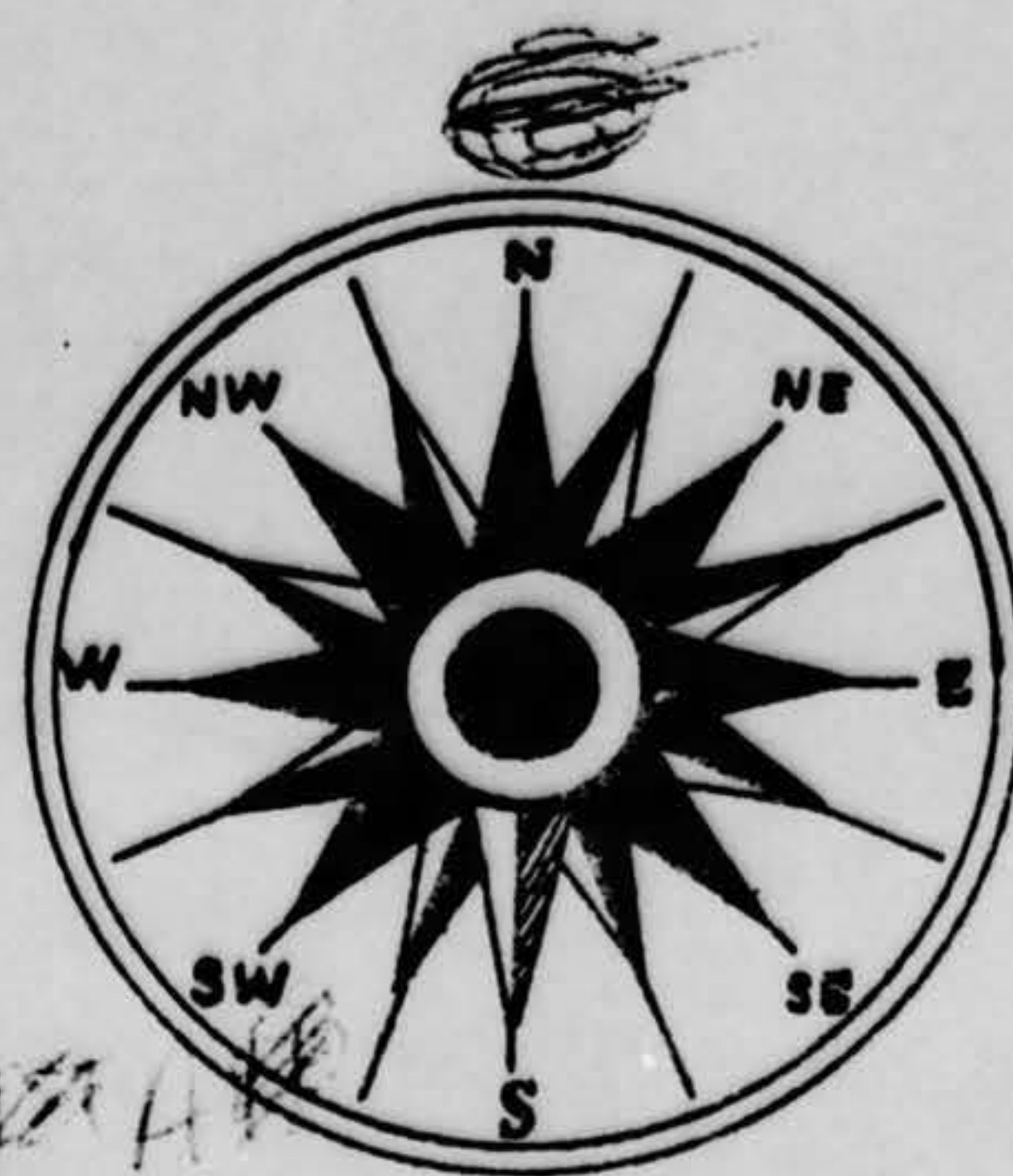
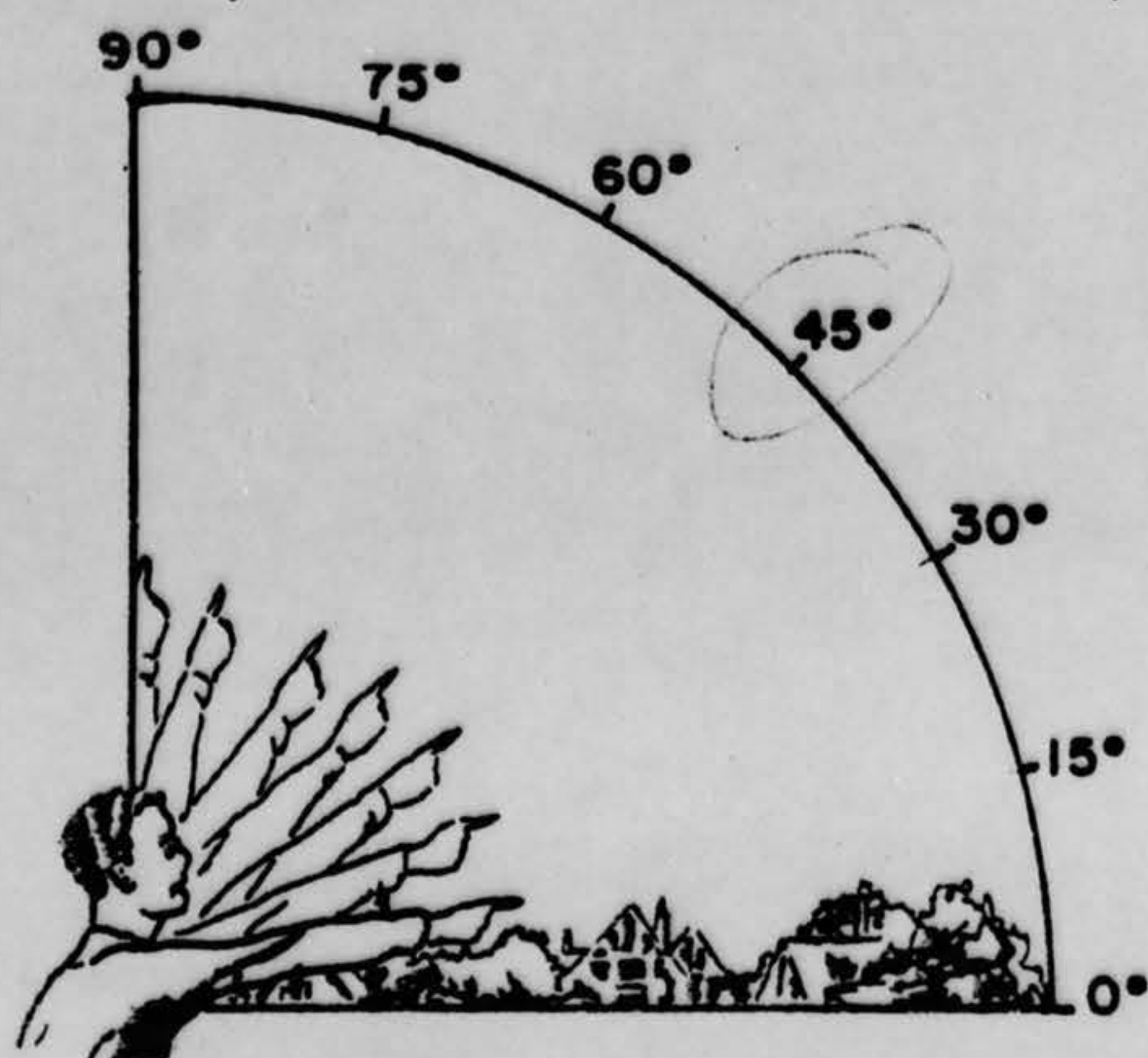
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|-------------------------------------|----------------|-----|----|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Half of an orange ball turned up side down

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? just one
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31 MAR 1965 same location

31. Was anyone else with you at the time you saw the object? (Circle One) Yes ☐ No ☒

31.1 IF you answered YES, did they see the object too? (Circle One) Yes ☐ No ☐

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]
Last Name First Name Middle Name

ADDRESS [REDACTED] Denton 3 OK
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 50 SEX Female

Indicate any additional information about yourself, including any special experience, which might be pertinent.

Works at Jelen

33. When and to whom did you report that you had seen the object?

1
Day

APRIL
Month

1965
Year

D. L. C. H. R. FTD

34. Date you completed this questionnaire:

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Have seen different objects at other times. Saw an object once before with mirrors on it but didn't call it in because some other guy told me he had already reported it.